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Clerk of the Trial Courts

Attorneys for Plaintiffs

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

THIRD JUDICIAL DISTRICT AT ANCHORAGE

NATILIA EDWARDS, on behalf of )  
 herself and all those similarly )  
 situated, )

Plaintiffs, )

vs. )

STATE OF ALASKA, DEPARTMENT )  
 OF HEALTH, Heidi Hedberg, in her )  
 official capacity as Commissioner of )  
 the Department, DIVISION OF )  
 PUBLIC ASSISTANCE, and Deb )  
 Etheridge, in her official capacity )  
 as Director of the Division, )

Defendants. )

Case No. 3AN-23- 05767 CI

**PLAINTIFFS' MOTION FOR CLASS CERTIFICATION**

**I. PRELIMINARY STATEMENT**

The plaintiffs bring this class action lawsuit in order to address the State of Alaska's long-standing failure to make timely eligibility decisions on applications

PLAINTIFF'S MOTION FOR CLASS CERTIFICATION

*Natilia Edwards, et al. v. State of Alaska, et al.*

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for Alaska’s Adult Public Assistance (“APA”) program. The State’s systemic and unlawful delays in processing APA applications have deprived and continue to deprive thousands of Alaska’s most vulnerable citizens of vital cash assistance while their applications languish in a bureaucratic black hole.

Plaintiff Natilia Edwards seeks to represent a class defined as: All individuals who applied for APA benefits in the past two years and did not receive an eligibility determination from the State within 30 days, and all future applicants for APA benefits. Because all requirements of Alaska Civil Rule 23 are satisfied, the plaintiffs respectfully ask this Court to certify the proposed class.

## II. RELEVANT BACKGROUND

Alaska’s APA program provides cash assistance to certain indigent people who are disabled, blind, or elderly, in order to “provide recipients with a reasonable subsistence.”<sup>1</sup> APA supplements federal Supplemental Security Income (“SSI”) benefits.<sup>2</sup> Eligible individuals receive, on average, \$308.20 per month in cash assistance from the State.<sup>3</sup>

When a person applies for APA benefits, the State is legally required to make an eligibility decision within 30 days of receiving the application.<sup>4</sup> But the State’s compliance with this deadline has been abysmal. For example, during the

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<sup>1</sup> See *Moore v. Beirne*, 714 P.2d 1284, 1285 (Alaska 1986).

<sup>2</sup> See *id.*

<sup>3</sup> See <https://health.alaska.gov/dpa/Documents/dpa/publications/Program-Descriptions.pdf>.

<sup>4</sup> See 7 AAC 40.070.

2023 state fiscal year, as of February 23, 2023, the State had timely evaluated just 37.1% of initial applications for APA benefits, and just 26.8% of review applications.<sup>5</sup>

And these delays are affecting *thousands* of Alaskans. The State’s data shows that, as of April 3, 2023, at least 8,532 Alaskans had applied for APA in the 2023 state fiscal year alone.<sup>6</sup> The vast majority of these applicants did not receive a timely eligibility determination from the State.<sup>7</sup>

The experience of the named plaintiff, Natilia Edwards, is emblematic. Ms. Edwards submitted her application for APA benefits on February 3, 2023. Yet, as of April 14, 2023, Ms. Edwards still has not received a determination about her application.

### III. ARGUMENT AND AUTHORITIES

#### A. General Standards Governing Class Certification

The class action device is a procedural mechanism designed to conserve the resources of courts and litigants by permitting an issue potentially affecting numerous individuals to be litigated and resolved in an economical fashion. “Class action suits, in which the result for one becomes the result for many in the same

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<sup>5</sup> See *Statewide Performance Measures*, attached as Exhibit 2 and retrieved from [http://dpaweb.hss.state.ak.us/files/reports/DPA\\_All\\_Measures\\_YTD.pdf](http://dpaweb.hss.state.ak.us/files/reports/DPA_All_Measures_YTD.pdf) on April 13, 2023, at 1. A review application refers to how, per 7 AAC 40.450, DPA must redetermine an APA recipient’s eligibility for APA benefits on at least a yearly basis.

<sup>6</sup> See *Initial Applications by Office and Program*, attached as Exhibit 1 and retrieved from [http://dpaweb.hss.state.ak.us/files/reports/DPA\\_All\\_Measures\\_YTD.pdf](http://dpaweb.hss.state.ak.us/files/reports/DPA_All_Measures_YTD.pdf) on April 13, 2023, at 2.

<sup>7</sup> See *id.*

legal predicament, are necessary to avoid a multiplicity of duplicative lawsuits.”<sup>8</sup>

As the leading treatise on class actions explains:

If hundreds . . . of injuries have resulted, justice to victims may be delayed or denied if courts cling to the concept that each case must be subjected independently to discovery, trial, and appeal. The interests of justice are not furthered by the needless, time-consuming repetition of evidence and repeated litigation of issues in individual trials on a one-by-one basis which are common to the claims of all affected.<sup>9</sup>

For a lawsuit to be maintained as a class action, the class representative must first satisfy the four prerequisites of Alaska Civil Rule 23(a): numerosity, commonality, typicality, and adequacy of representation.<sup>10</sup> In addition to these prerequisites, a class action must serve certain policy interests.<sup>11</sup> Under Rule 23(b), a class action may be certified only if (1) it alleviates the risk of inconsistent or varying adjudications with respect to individual members of the class which would establish incompatible standards of conduct for the party opposing the class; (2) the party opposing the class has acted or refuses to act on grounds generally applicable to the class, thereby making appropriate final injunctive relief or corresponding declaratory relief with respect to the class as a whole; or (3) common legal or factual questions predominate, making a class action a superior method for the fair and efficient adjudication of the controversy.

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<sup>8</sup> *State v. Carlson*, 65 P.3d 851, 872 (Alaska 2003).

<sup>9</sup> Herbert Newberg & Alba Conte, *Newberg on Class Actions* § 17.01 (3d ed. 1992).

<sup>10</sup> *See also State v. Andrade*, 23 P.3d 58, 67 (Alaska 2001).

<sup>11</sup> *See Int'l Seafoods of Alaska, Inc. v. Bissonette*, 146 P.3d 561, 567 (Alaska 2006).

Alaska's state courts have routinely certified classes of public benefit applicants and recipients who sought to challenge the State's policies or practices concerning the administration of benefits. This has included challenges to Interim Assistance denials,<sup>12</sup> the recoupment of foster care maintenance payments,<sup>13</sup> and multiple Medicaid issues.<sup>14</sup>

Federal courts also routinely certify classes of public benefit recipients and applicants.<sup>15</sup> This includes certifications in similar statewide cases about delays in Medicaid eligibility determinations or in the provision of Medicaid coverage.<sup>16</sup>

### **B. The Proposed Class Meets the Threshold Requirements of Rule 23(a).**

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<sup>12</sup> See *State, Dep't of Health & Soc. Servs. v. Okuley*, 214 P.3d 247, 250 (Alaska 2009) (lower court certified two different classes of people challenging denials of Interim Assistance benefits by the State of Alaska).

<sup>13</sup> See *Heitz v. State*, 215 P.3d 302, 304 (Alaska 2009) (lower court certified a class of foster parents challenging the recoupment of foster care payments by the State of Alaska).

<sup>14</sup> See *Krone v. State*, 222 P.3d 250 (Alaska 2009) (class of Medicaid recipients was certified in lower court decision); *Baker v. State* 191 P.3d 1005 (Alaska 2008) (same).

<sup>15</sup> See, e.g., *Robidoux v. Celani*, 987 F.2d 931, 933, 937 (2d Cir. 1993) (concluding district court should have certified class of persons in Vermont who suffered delays concerning applications for food stamps and public assistance); *Banks v. Trainor*, 525 F.2d 837 (3d Cir. 1975) (certifying class of Food Stamp recipients); *Like v. Carter*, 448 F.2d 798, 802 (8th Cir. 1971) (holding district court abused discretion in refusing to certify class of public assistance applicants); *Briggs v. Bremby*, Case No. 3:12cv324(VLB), 2013 U.S. Dist. LEXIS 67571 (D. Conn. May 13, 2013) (certifying class of Connecticut residents whose Food Stamp applications were not timely processed); *Van Febus v. Gallant*, 866 F. Supp. 45, 46 (D. Mass. 1994) (certifying class of benefit recipients, including food stamp recipients, sent a certain unlawful notice); *Estey v. Comm'r, Maine Dept. of Human Servs.*, 814 F. Supp. 152, 154 (D. Me. 1993) (noting court had certified class of Food Stamp applicants), reversed on other grounds, *Estey v. Comm'r, Me. Dept. of Human Servs.*, 21 F.3d 1198 (1st Cir. 1994); *Robertson v. Jackson*, 766 F. Supp. 470 (E.D. Va. 1991) (noting court had certified class of eligible Food Stamp applicants to address the timely operation of the Food Stamp program in Virginia); aff'd 972 F.2d 529 (4th Cir. 1992); *Ortiz v. Eichler*, 616 F. Supp. 1046 (D. Del. 1985), aff'd 794 F.2d 889 (3d Cir. 1986) (certifying class of applicants and recipients of Food Stamp, Medicaid, and cash public assistance).

<sup>16</sup> See, e.g., *Koss v. Norwood*, 305 F. Supp. 3d 897, 917 (N.D. Ill. 2018); *Wilson v. Gordon*, Case No. 3-14-1492, 2014 U.S. Dist. Lexis 122004 (M.D. Tenn. Sept 2, 2014).

## 1. Numerosity

The numerosity requirement under Rule 23(a)(1) is satisfied when “the class is so numerous that joinder of all of its members is impracticable.”<sup>17</sup> While there is “no magic number” that satisfies numerosity, the Alaska Supreme Court has held that a class of more than 40 members is presumed to meet the requirement.<sup>18</sup> Even where the exact size of the class is unknown, the numerosity requirement is satisfied if “general knowledge and common sense indicate that it is large.”<sup>19</sup>

Here, the proposed class easily satisfies the numerosity requirement. As discussed above, in 2023 alone, *thousands* of Alaskans have been impacted by the State’s delays in processing APA applications.<sup>20</sup> Beyond sheer numbers, this aggrieved class of APA applicants is also geographically dispersed throughout Alaska, which also makes joinder impracticable.<sup>21</sup> Indeed, the class includes hundreds or thousands of people from the following individual areas: Anchorage, Bethel, the Fairbanks Northstar Borough, Juneau, Kenai, Ketchikan, the Mat-Su valley, and Nome, among other places.<sup>22</sup>

<sup>17</sup> Alaska R. Civ. P. 23(a)(1).

<sup>18</sup> *Int’l Seafoods*, 146 P.3d at 567 (citing *Cox v. Am. Case Iron Pipe Co.*, 784 F.2d 1546, 1553 (11<sup>th</sup> Cir. 1986)).

<sup>19</sup> *Allen v. Similasan Corp.*, 306 F.R.D. 635, 644 (S.D. Cal. 2015); *see also Consol. Rail Corp. v. Town of Hyde Park*, 47 F.3d 473 (2d Cir. 1995) (“Courts have not required evidence of exact class size or identity of class members to satisfy the numerosity requirement.”).

<sup>20</sup> *See supra* nn. 5-6.

<sup>21</sup> *Int’l Seafoods*, 146 P.3d at 567.

<sup>22</sup> *See* Initial Applications by Office and Program, attached as Exhibit 1 and retrieved from [http://dpaweb.hss.state.ak.us/files/reports/DPA\\_All\\_Measures\\_YTD.pdf](http://dpaweb.hss.state.ak.us/files/reports/DPA_All_Measures_YTD.pdf) on April 13, 2023, at 2.

Beyond scale and geography, the class members also face difficulties in accessing the legal system, which courts have held makes joinder impracticable.<sup>23</sup> Here, by virtue of applying for APA benefits, class members will necessarily include indigent people who are disabled, blind, or elderly. Such individuals are highly unlikely to bring individual lawsuits against the defendants, who are backed by the resources of the State of Alaska.

## 2. Commonality

Rule 23(a)(2) requires that there be “questions of law or fact common to the class.” The commonality requirement is satisfied if the claims at issue in the lawsuit depend on a “common contention . . . of such a nature that it is capable of classwide resolution — which means that determination of its truth or falsity will resolve an issue that is central to the validity of each one of the claims in one stroke.”<sup>24</sup> “What matters to class certification . . . is not the raising of common ‘questions’ — even in droves — but, rather the capacity of a classwide proceeding to generate common answers apt to drive the resolution of the litigation.”<sup>25</sup>

Of course, the claims of each individual need not be identical,<sup>26</sup> and factual

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<sup>23</sup> See, e.g., *Robidoux*, 987 F.2d at 933, 936 (recognizing the difficulty posed by pursuing a lawsuit and retaining counsel for low income individuals); *McDonald v. Heckler*, 612 F. Supp. 293, 300 (D. Mass. 1985) (court held it was impracticable for low-income persons with disabilities to bring individual lawsuits).

<sup>24</sup> *Wal-Mart Stores, Inc. v. Dukes*, 564 U.S. 338, 350 (2011); see also *Int’l Seafoods*, 146 P.3d at 567 (holding that “commonality requirement will be satisfied if the named plaintiffs share at least one question of fact or law with the grievances of the prospective class.”).

<sup>25</sup> *Wal-Mart Stores*, 564 U.S. at 350 (citation omitted).

<sup>26</sup> *Johnson v. Nextel Communications*, 780 F.3d 128, 137–38 (2d Cir. 2015).

disparities between class members do not defeat commonality.<sup>27</sup> To the contrary, commonality “is assumed where the plaintiff seeks declaratory relief as opposed to individual relief.”<sup>28</sup> Commonality is also inherent in any lawsuit, such as the present one, challenging the systemic violations of the law by a public agency.<sup>29</sup>

Here, common factual and legal questions abound which can be resolved by this Court “in one stroke.” This includes whether the State is failing to process APA applications within the applicable time limits. All members of the proposed class have applied, or will apply, for APA benefits in Alaska. All class members have been or will be subject to the same delays in application processing and the provision of benefits. Finally, the harms suffered by the class members will also be the same, caused by the delay in receiving necessary APA benefits. All of these issues arise from the very same course of factual events: the State’s failures to timely process APA applications and provide benefits. This Court should therefore conclude that the commonality requirement is met.

### 3. Typicality

The typicality requirement under Rule 23(a)(3) is satisfied when “the claims

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<sup>27</sup> *Reynolds v. Giuliani*, 118 F. Supp. 2d 353, 389–90 (S.D.N.Y. 2000).

<sup>28</sup> *Cortigiano v. Oceanview Manor Home for Adults*, 227 F.R.D. 194, 205 (2005).

<sup>29</sup> *See, e.g., Califano v. Yamaski*, 442 U.S. 682, 701 (1979) (involving challenge to method of distribution for Social Security Disability benefits); *Marcus v. Heckler*, 620 F. Supp. 1218, 1223 (N.D. Ill. 1985) (involving challenge to evaluation process for federal SSI program); *Hodecker v. Blum*, 525 F. Supp. 867, 870 (N.D.N.Y. 1981) (challenging computation method for Medicaid assistance); *Massachusetts Ass’n of Older Americans v. Spirito*, 92 F.R.D. 129, 131 (D. Mass. 1981) (challenging delays in processing Medicaid applications and automatic termination of Medicaid benefits).



or defenses of the representative parties are typical of the claims or defenses of the class.”<sup>30</sup> The requirement is satisfied “when each class member’s claim arises from the same course of events, and each class member makes similar legal arguments to prove the defendant’s liability.”<sup>31</sup> The standard for typicality is “permissive” and the requirement is met if the plaintiff’s claims are “reasonably co-extensive with those of absent class members; they need not be substantially identical.”<sup>32</sup> In short, typicality is satisfied if the named plaintiff’s claim “stems from the same event, practice, or course of conduct that forms the basis of the class claims and is based upon the same legal or remedial theory.”<sup>33</sup>

The typicality requirement ensures that the “maintenance of a class action is so economical and [that] the named plaintiff’s claims and the class claims are so interrelated that the interests of the class members will be fairly and adequately protected in their absence.”<sup>34</sup> However, as with commonality, typicality does not require the representative party’s claims to be identical to those of all class members, especially in actions challenging governmental practices.<sup>35</sup>

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<sup>30</sup> Alaska R. Civ. P. 23(a)(3).

<sup>31</sup> *Int’l Seafoods*, 146 F.3d at 567 (quoting *Marisol A. v. Giuliani*, 126 F.3d 372, 376 (2d Cir. 1997)).

<sup>32</sup> *Hanlon v. Chrysler Corp.*, 150 F.3d 1011, 1020 (9th Cir. 1998).

<sup>33</sup> *Jordan v. County of Los Angeles*, 669 F.2d 1311, 1321 (9th Cir. 1982).

<sup>34</sup> *See Marisol A.*, 126 F.3d at 376 (internal citation omitted) (finding that plaintiff’s claims challenging different aspects of the child welfare system, when aggregated, did not violate typicality).

<sup>35</sup> James Wm. Moore et al., *Moore’s Federal Practice*, §23.23[8][g] (3d ed. 1997) (“If all class members are subject to the same governmental practice, minor factual differences between the claims of the class representative and the other class members do not defeat typicality.”) (citations

Here, the named plaintiff, Ms. Edwards, applied for APA benefits, and the State failed to evaluate her application in the timeframe required by law. Her claims and injuries are the same as those of the proposed class members. Furthermore, those claims and injuries stem from the same common source, i.e., the State's admitted backlog of APA applications. Both Ms. Edwards and the class members have suffered the same illegal delays when seeking essential APA benefits. As such, the typicality requirement is satisfied.

#### 4. Adequacy of Representation

Lastly, Rule 23(a)(4) requires that "the representative parties will fairly and adequately protect the interests of the class."<sup>36</sup> "For representation to be adequate, the plaintiff's attorney must be qualified, and there must be no conflict of interest between the named plaintiff and the other members of the class."<sup>37</sup> The defendants have the burden to demonstrate that the representation is inadequate.<sup>38</sup>

Here, there are no conflicts of interest between Ms. Edwards and the putative class members as to the desired outcome, the proof necessary to succeed on the merits, or the relief sought. Ms. Edwards has suffered from the same harms as the class members. In turn, Ms. Edwards and the class members all collectively seek the same declaratory and injunctive relief: for the State of Alaska to remedy

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omitted); *see also Robidoux*, 987 F.2d at 937; *Cortigiano*, 227 F.R.D. at 206 ("slight variations in how defendants treated different plaintiffs . . . [do] not render the claims atypical").

<sup>36</sup> Alaska R. Civ. P. 23(a)(4); *see also State v. Alex*, 646 P.2d 203 (Alaska 1982).

<sup>37</sup> *Int'l Seafoods*, 146 P.3d at 567 (citing *Marisol A.*, 126 F.3d at 378).

<sup>38</sup> *See, e.g., Johns v. Rozet*, 141 F.R.D. 211, 217 (D.D.C. 1992).

its ongoing failures to comply with the law as to the processing of APA applications.<sup>39</sup>

The class is also represented by qualified attorneys with the Northern Justice Project, LLC (“NJP”) who are highly experienced and have a stellar track record in class action litigation, including several prior class actions involving the public benefit programs in Alaska.<sup>40</sup> Pursuant to Federal Rule of Civil Procedure 23(g), this Court should appoint NJP as class counsel.

**C. The Proposed Classes Meet the Further Requirements of Alaska Civil Rule 23(b).**

After meeting the prerequisites of Civil Rule 23(a), a class must also meet the requirements for one of the three possible types of class actions set forth in Rule 23(b). Here, the class meets the requirements of Rule 23(b)(2) because the defendants have “acted or refused to act on grounds generally applicable to the class, thereby making appropriate final injunctive relief or corresponding declaratory relief with respect to the class as a whole.” And, accordingly, courts routinely certify Rule 23(b)(2) class actions in cases that raise challenges to the unlawful policies and practices in the administration of government benefit programs.<sup>41</sup>

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<sup>39</sup> *Cf. State v. Alex*, 646 P.2d 203, 214-15 (Alaska 1982) (holding that there are no inherent conflicts among class members in a suit challenging the constitutionality of a statute).

<sup>40</sup> *See generally Declaration of Goriune Dudukgian in Support of Motion for Class Certification*, filed and served herewith.

<sup>41</sup> *See, e.g., Ortiz v. Eichler*, 616 F. Supp. 1046, 1058-59 (D. Del. 1985) (challenge to state practices in government benefit programs satisfied 23(b)(2)); *Tugg v. Towney*, 864 F. Supp. 1201, 1204 (S.D. Fla. 1994) (failure to provide mental health counseling services to deaf clients by

#### IV. CONCLUSION

For the foregoing reasons, the plaintiff respectfully requests that this Court certify the proposed class, pursuant to Alaska Civil Rule 23.

DATED this 17<sup>th</sup> day of April, 2023

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therapists fluent in sign language); see generally 7A Wright, Miller & Kane, Fed. Prac. & Proc. Civil 2d. § 1775 at 484-492 (1986 and Supp. 2003) (“Rule 23(b)(2) has been used extensively to challenge the enforcement and application of complex statutory schemes, such as suits questioning the method of distributing benefits under the Social Security Act, actions on behalf of person seeking benefits under the Food Stamp Program, and suits testing the eligibility criteria for persons receiving Aid to Families with Dependent Children.”).

Alaska Division of Public Assistance SFY23  
Initial Applications<sup>1</sup>  
**All Programs by District Office Assignment**

<b>District Office</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>	<b>Apr-23</b>	<b>May-23</b>	<b>Jun-23</b>	<b>YTD Total</b>
Anchorage	1,845	2,163	2,012	2,252	2,088	2,092	2,412	2,055	3,167	0	0	0	<b>20,086</b>
Bethel	171	290	219	242	247	348	367	300	429	0	0	0	<b>2,613</b>
Fairbanks NSB	993	1,221	1,023	1,200	1,061	868	1,004	898	1,866	0	0	0	<b>10,134</b>
Homer	1	3	0	0	1	3	0	1	0	0	0	0	<b>9</b>
Juneau District Office	441	558	303	381	396	394	406	320	483	0	0	0	<b>3,682</b>
Kenai	402	540	598	536	590	635	699	613	875	0	0	0	<b>5,488</b>
Ketchikan	263	346	369	317	310	349	379	297	456	0	0	0	<b>3,086</b>
Kodiak	39	40	30	19	12	10	10	2	0	0	0	0	<b>162</b>
LTC Office	290	412	333	433	378	300	393	354	467	0	0	0	<b>3,360</b>
Mat-Su	809	1,248	1,026	1,101	1,064	983	1,287	1,118	1,690	0	0	0	<b>10,326</b>
Nome	149	230	141	185	139	178	186	165	207	0	0	0	<b>1,580</b>
Office of Childrens Services	126	109	142	95	124	89	63	64	95	0	0	0	<b>907</b>
Senior Benefits Office	21	42	51	71	49	50	43	26	41	0	0	0	<b>394</b>
Sitka	4	3	0	8	2	12	6	3	8	0	0	0	<b>46</b>
TEFRA Waiver	20	14	12	15	22	10	17	11	49	0	0	0	<b>170</b>
Unassigned	20	13	9	8	26	5	12	9	24	0	0	0	<b>126</b>
Child Care*	0	0	0	0	181	118	132	195	0	0	0	0	<b>626</b>
Heating Assistance	198	242	174	1,207	957	691	619	524	543	0	0	0	<b>5,155</b>
Senior Benefits	327	485	822	659	590	673	737	483	685	0	0	0	<b>5,461</b>
Water Assistance**	0	0	0	0	25	27	32	44	25	0	0	0	<b>153</b>
<b>Statewide Total</b>	<b>6,119</b>	<b>7,959</b>	<b>7,264</b>	<b>8,729</b>	<b>8,262</b>	<b>7,835</b>	<b>8,804</b>	<b>7,482</b>	<b>11,110</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>62,795</b>

<sup>1</sup> Medicaid applications include initial applications for service and recertifications converting to MAGI methodology.

\* Child Care Data runs 45 days behind

\* Child Care Data not available between May 2021 and October 22 due to CMS Breach

\*\* Water Assistance began in October 2022

Alaska Division of Public Assistance SFY23  
Initial Applications  
**Adult Public Assistance**

<b>District Office</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>	<b>Apr-23</b>	<b>May-23</b>	<b>Jun-23</b>	<b>YTD Total</b>
Anchorage	219	237	242	273	247	294	349	281	410	0	0	0	<b>2,552</b>
Bethel	19	26	25	30	16	39	56	45	55	0	0	0	<b>311</b>
Fairbanks NSB	99	119	107	118	104	138	162	151	197	0	0	0	<b>1,195</b>
Homer	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Juneau District Office	37	58	42	55	54	70	65	58	75	0	0	0	<b>514</b>
Kenai	64	72	76	75	71	96	128	103	156	0	0	0	<b>841</b>
Ketchikan	38	50	44	41	40	58	48	71	74	0	0	0	<b>464</b>
Kodiak	0	0	0	0	1	0	0	0	0	0	0	0	<b>1</b>
LTC Office	58	106	107	118	85	78	101	69	71	0	0	0	<b>793</b>
Mat-Su	101	160	164	171	160	159	212	134	286	0	0	0	<b>1,547</b>
Nome	12	27	11	12	21	14	28	24	14	0	0	0	<b>163</b>
Office of Childrens Services	1	0	0	0	0	1	0	0	0	0	0	0	<b>2</b>
Senior Benefits Office	10	15	13	27	15	19	4	13	16	0	0	0	<b>132</b>
Sitka	0	0	0	1	1	1	0	1	3	0	0	0	<b>7</b>
TEFRA Waiver	1	1	1	1	2	0	1	1	2	0	0	0	<b>10</b>
Unassigned	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Statewide Total</b>	<b>659</b>	<b>871</b>	<b>832</b>	<b>922</b>	<b>817</b>	<b>967</b>	<b>1,154</b>	<b>951</b>	<b>1,359</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,532</b>

Alaska Division of Public Assistance SFY23  
Initial Applications  
**Alaska Temporary Assistance Program**

<b>District Office</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>	<b>Apr-23</b>	<b>May-23</b>	<b>Jun-23</b>	<b>YTD Total</b>
Anchorage	164	170	167	206	179	181	179	156	199	0	0	0	<b>1,601</b>
Bethel	4	10	9	4	10	14	8	11	10	0	0	0	<b>80</b>
Fairbanks NSB	56	68	73	52	51	59	60	59	64	0	0	0	<b>542</b>
Homer	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Juneau District Office	28	21	23	25	25	25	15	18	25	0	0	0	<b>205</b>
Kenai	36	43	75	39	45	61	60	51	62	0	0	0	<b>472</b>
Ketchikan	35	38	27	15	24	15	19	19	30	0	0	0	<b>222</b>
Kodiak	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
LTC Office	5	11	5	9	5	4	6	6	8	0	0	0	<b>59</b>
Mat-Su	69	102	83	75	95	66	86	80	115	0	0	0	<b>771</b>
Nome	19	21	22	14	16	13	11	19	14	0	0	0	<b>149</b>
Office of Childrens Services	1	0	0	0	0	0	0	0	1	0	0	0	<b>2</b>
Senior Benefits Office	2	6	7	6	4	2	4	2	4	0	0	0	<b>37</b>
Sitka	1	0	0	1	0	2	0	0	0	0	0	0	<b>4</b>
TEFRA Waiver	1	0	0	0	0	0	0	0	1	0	0	0	<b>2</b>
Unassigned	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Statewide Total</b>	<b>421</b>	<b>490</b>	<b>491</b>	<b>446</b>	<b>454</b>	<b>442</b>	<b>448</b>	<b>421</b>	<b>533</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,146</b>

Alaska Division of Public Assistance SFY23  
Initial Applications  
**General Relief Assistance**

<b>District Office</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>	<b>Apr-23</b>	<b>May-23</b>	<b>Jun-23</b>	<b>YTD Total</b>
Anchorage	187	186	188	168	201	188	217	212	336	0	0	0	<b>1,883</b>
Bethel	10	19	10	6	8	13	15	17	32	0	0	0	<b>130</b>
Fairbanks NSB	77	69	47	49	77	60	72	75	123	0	0	0	<b>649</b>
Homer	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Juneau District Office	34	29	18	26	36	43	35	29	42	0	0	0	<b>292</b>
Kenai	34	34	62	46	50	52	33	49	84	0	0	0	<b>444</b>
Ketchikan	21	26	28	18	29	22	25	13	44	0	0	0	<b>226</b>
Kodiak	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
LTC Office	13	17	21	8	16	4	9	19	25	0	0	0	<b>132</b>
Mat-Su	64	102	67	77	78	73	124	127	181	0	0	0	<b>893</b>
Nome	4	19	8	13	10	15	7	11	9	0	0	0	<b>96</b>
Office of Childrens Services	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Sitka	0	0	0	0	1	1	1	1	1	0	0	0	<b>5</b>
TEFRA Waiver	0	0	1	0	0	1	0	1	3	0	0	0	<b>6</b>
Unassigned	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Statewide Total</b>	<b>444</b>	<b>501</b>	<b>450</b>	<b>411</b>	<b>506</b>	<b>472</b>	<b>538</b>	<b>554</b>	<b>880</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,756</b>



Alaska Division of Public Assistance SFY23  
Initial Applications  
**Interim Assistance**

<b>District Office</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>	<b>Apr-23</b>	<b>May-23</b>	<b>Jun-23</b>	<b>YTD Total</b>
Anchorage	0	0	2	3	1	0	3	1	0	0	0	0	<b>10</b>
Bethel	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Fairbanks NSB	1	0	0	2	1	0	1	0	1	0	0	0	<b>6</b>
Homer	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Juneau District Office	0	1	1	0	0	2	0	1	2	0	0	0	<b>7</b>
Kenai	1	4	4	1	1	1	0	2	0	0	0	0	<b>14</b>
Ketchikan	0	0	1	0	0	0	1	0	1	0	0	0	<b>3</b>
Kodiak	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
LTC Office	1	0	1	0	0	0	0	0	0	0	0	0	<b>2</b>
Mat-Su	2	1	2	2	0	2	1	1	0	0	0	0	<b>11</b>
Nome	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Office of Childrens Services	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Senior Benefits Office	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Sitka	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
TEFRA Waiver	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Unassigned	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Statewide Total</b>	<b>5</b>	<b>6</b>	<b>11</b>	<b>8</b>	<b>3</b>	<b>5</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53</b>

Alaska Division of Public Assistance SFY23  
Initial Applications<sup>1</sup>  
**Medicaid**

<b>District Office</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>	<b>Apr-23</b>	<b>May-23</b>	<b>Jun-23</b>	<b>YTD Total</b>
Anchorage	585	581	415	495	423	362	480	423	807	0	0	0	<b>4,571</b>
Bethel	43	65	51	44	33	51	58	54	49	0	0	0	<b>448</b>
Fairbanks NSB	480	462	321	483	374	131	179	155	876	0	0	0	<b>3,461</b>
Homer	1	3	0	0	1	3	0	1	0	0	0	0	<b>9</b>
Juneau District Office	228	269	67	92	79	70	84	65	169	0	0	0	<b>1,123</b>
Kenai	114	108	96	92	91	102	107	113	166	0	0	0	<b>989</b>
Ketchikan	64	49	57	50	42	62	62	46	80	0	0	0	<b>512</b>
Kodiak	39	40	30	19	11	10	10	1	0	0	0	0	<b>160</b>
LTC Office	176	224	142	236	224	162	214	201	295	0	0	0	<b>1,874</b>
Mat-Su	280	307	207	244	181	156	231	252	407	0	0	0	<b>2,265</b>
Nome	44	59	15	63	15	26	28	19	26	0	0	0	<b>295</b>
Office of Childrens Services	123	109	142	95	124	87	63	64	94	0	0	0	<b>901</b>
Senior Benefits Office	2	3	4	4	6	0	4	1	3	0	0	0	<b>27</b>
Sitka	2	2	0	4	0	2	0	0	2	0	0	0	<b>12</b>
TEFRA Waiver	15	12	8	13	17	8	15	8	40	0	0	0	<b>136</b>
Unassigned	20	13	9	8	26	5	12	9	24	0	0	0	<b>126</b>
<b>Statewide Total</b>	<b>2,216</b>	<b>2,306</b>	<b>1,564</b>	<b>1,942</b>	<b>1,647</b>	<b>1,237</b>	<b>1,547</b>	<b>1,412</b>	<b>3,038</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16,909</b>

<sup>1</sup>Medicaid applications include initial applications for service and recertifications converting to MAGI methodology.

Alaska Division of Public Assistance SFY23  
Initial Applications  
**Supplemental Nutrition Assistance Program**

<b>District Office</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>	<b>Apr-23</b>	<b>May-23</b>	<b>Jun-23</b>	<b>YTD Total</b>
Anchorage	690	989	998	1,107	1,037	1,067	1,184	982	1,415	0	0	0	<b>9,469</b>
Bethel	95	170	124	158	180	231	230	173	283	0	0	0	<b>1,644</b>
Fairbanks NSB	280	503	475	496	454	480	530	458	605	0	0	0	<b>4,281</b>
Homer	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Juneau District Office	114	180	152	183	202	184	207	149	170	0	0	0	<b>1,541</b>
Kenai	153	279	285	283	332	323	371	295	407	0	0	0	<b>2,728</b>
Ketchikan	105	183	212	193	175	192	224	148	227	0	0	0	<b>1,659</b>
Kodiak	0	0	0	0	0	0	0	1	0	0	0	0	<b>1</b>
LTC Office	37	54	57	62	48	52	63	59	68	0	0	0	<b>500</b>
Mat-Su	293	576	503	532	550	527	633	524	701	0	0	0	<b>4,839</b>
Nome	70	104	85	83	77	110	112	92	144	0	0	0	<b>877</b>
Office of Childrens Services	1	0	0	0	0	1	0	0	0	0	0	0	<b>2</b>
Senior Benefits Office	7	18	27	34	24	29	31	10	18	0	0	0	<b>198</b>
Sitka	1	1	0	2	0	6	5	1	2	0	0	0	<b>18</b>
TEFRA Waiver	3	1	2	1	3	1	1	1	3	0	0	0	<b>16</b>
Unassigned	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Statewide Total</b>	<b>1,849</b>	<b>3,058</b>	<b>2,920</b>	<b>3,134</b>	<b>3,082</b>	<b>3,203</b>	<b>3,591</b>	<b>2,893</b>	<b>4,043</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27,773</b>

Alaska Division of Public Assistance SFY23  
Initial Applications

**Heating and Water Assistance    Child Care    Senior Benefits**

<b>District Office</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>	<b>Apr-23</b>	<b>May-23</b>	<b>Jun-23</b>	<b>YTD Total</b>
Child Care*	0	0	0	0	181	118	132	195	0	0	0	0	<b>626</b>
Heating Assistance	198	242	174	1,207	957	691	619	524	543	0	0	0	<b>5,155</b>
Senior Benefits	327	485	822	659	590	673	737	483	685	0	0	0	<b>5,461</b>
Water Assistance **	0	0	0	0	25	27	32	44	25	0	0	0	<b>153</b>
<b>Statewide Total</b>	<b>525</b>	<b>727</b>	<b>996</b>	<b>1,866</b>	<b>1,753</b>	<b>1,509</b>	<b>1,520</b>	<b>1,246</b>	<b>1,253</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,395</b>

\* Child Care Data runs 45 days behind

\* Child Care Data not available between May 2021 and October 22 due to CMS Breach

\*\* Water Assistance began in October 2022

**Alaska DHSS – Division of Public Assistance  
Internal Performance Measures: Year-to-Date Performance**

<b>Timely Application Actions – SFY23 YTD</b>			
<b>Program</b>	<b>Percent Timely</b>	<b>Target</b>	<b>Difference</b>
SNAP Expedite applications	43.9%	95.5%	-51.6%
SNAP Initial applications	35.8%	97.0%	-61.2%
SNAP Recert applications	39.9%	99.7%	-59.8%
ATAP Initial applications	41.9%	90.0%	-48.1%
ATAP Review applications	74.1%	98.0%	-23.9%
Medicaid Initial applications	36.9%	92.0%	-55.1%
Medicaid Review applications	31.1%	92.0%	-60.9%
APA Initial applications	37.1%	70.0%	-32.9%
APA Review applications	26.8%	96.0%	-69.2%
GA Initial applications	61.2%	99.7%	-38.5%

<b>Application Decision Cycle Time – SFY23 YTD</b>			
<b>Program</b>	<b>Average Days</b>	<b>Target</b>	<b>Difference</b>
SNAP	52	17	-35.4%
ATAP	39	19	-20.0%
Medicaid without APA	86	13	-72.9%
Medicaid with APA	99	52	-47.1%
APA	62	68	5.9%
SB	41	30	-10.7%

<b>Timely Benefit Issuance – SFY23 YTD</b>			
<b>Program</b>	<b>Percent Timely</b>	<b>Target</b>	<b>Difference</b>
SNAP	87.0%	93.0%	-6.0%
Alaska Temporary Assistance Program	83.5%	91.0%	-7.5%
Medicaid	96.2%	94.0%	2.2%
Adult Public Assistance	98.6%	97.0%	1.6%

<b>Work Services Performance Measures – SFY23 YTD</b>			
<b>Performance Measure</b>	<b>Percent Meeting Measure</b>	<b>Target</b>	<b>Difference</b>
Obtain employment within 90 days	26.0%	27.0%	-1.0%
Cases closed with earnings	32.0%	51.0%	-19.0%
Cases closed and not returned	93.0%	90.0%	3.0%
All families work participation rate	32.0%	50.0%	-18.0%
Two-parent work participation rate	40.0%	90.0%	-50.0%
Job Development	6.0%	10.0%	-4.0%

*Timely Actions current through* Feb-23  
*Application Decision Cycle Time current through* Feb-23  
*Timely Benefit Issuance current through* Jan-23  
*Work Services Perf Measures current through* Jan-23

**Alaska DH&SS – Division of Public Assistance  
Internal Performance Measures: Historic Performance**

<b>Timely Application Actions</b>						
<b>Program</b>	<b>SFY18</b>	<b>SFY19</b>	<b>SFY20</b>	<b>SFY21</b>	<b>SFY22</b>	<b>SFY23YTD</b>
SNAP Expedite applications	79.7%	87.0%	92.9%	71.4%	82.6%	44%
SNAP Initial applications	86.9%	91.5%	92.6%	61.5%	78.9%	36%
SNAP Recert applications	68.4%	80.9%	92.0%	53.7%	68.0%	40%
ATAP Initial applications	87.6%	90.6%	94.1%	67.7%	83.9%	42%
ATAP Review applications	88.0%	91.6%	94.9%	65.1%	81.3%	74%
Medicaid Initial applications	53.7%	48.6%	70.6%	53.3%	55.9%	37%
Medicaid Review applications	83.5%	79.6%	88.5%	69.9%	62.0%	31%
APA Initial applications	73.0%	81.4%	84.6%	64.0%	78.8%	37%
APA Review applications	89.5%	93.7%	97.5%	60.7%	81.9%	27%
GA Initial applications	91.0%	95.1%	96.5%	77.4%	88.3%	61%

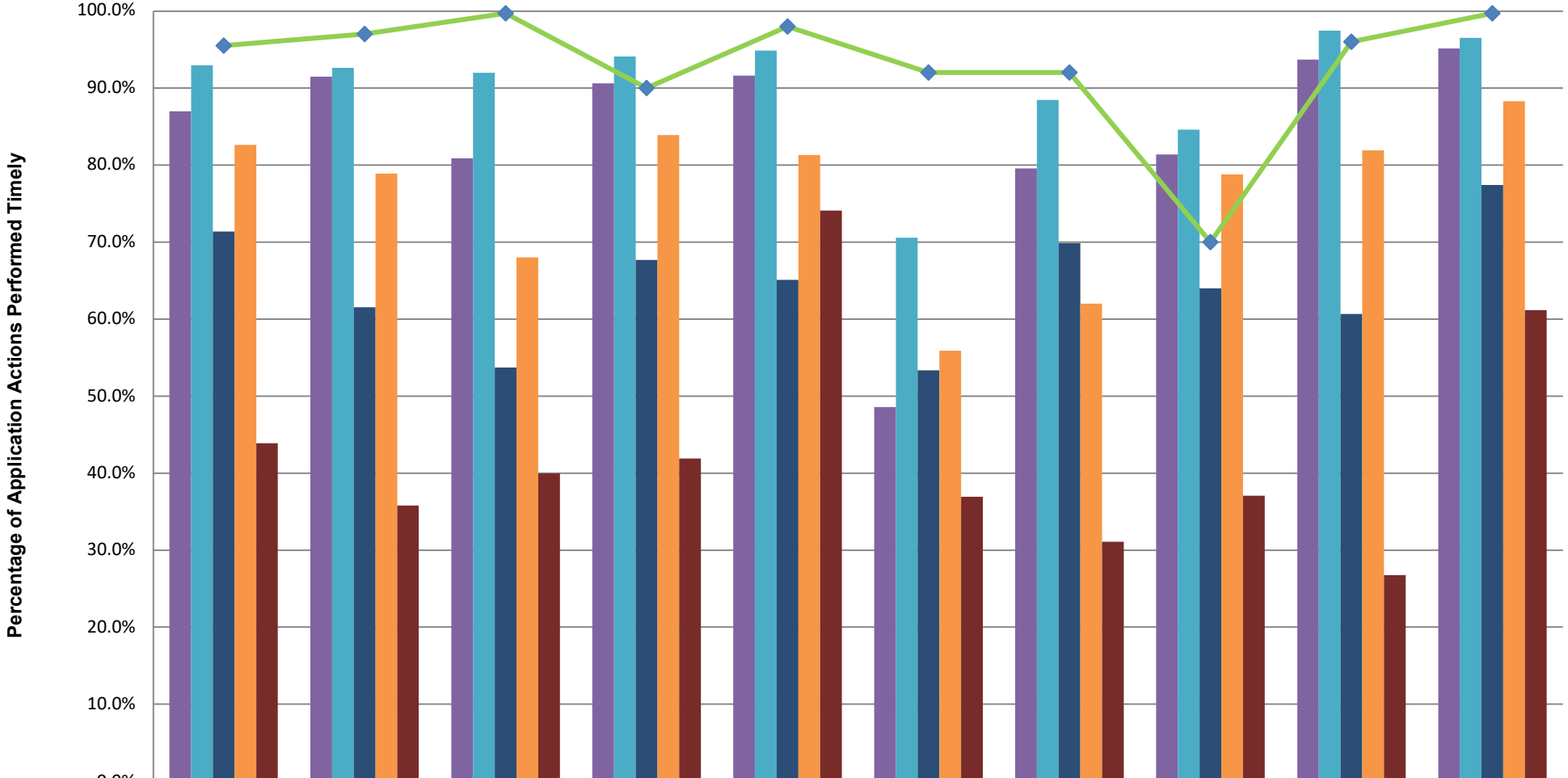
<b>Application Decision Cycle Time (Days)</b>						
<b>Program</b>	<b>SFY18</b>	<b>SFY19</b>	<b>SFY20</b>	<b>SFY21</b>	<b>SFY22</b>	<b>SFY23YTD</b>
SNAP	18	12	9	20	25	52
ATAP	19	12	14	23	20	39
Medicaid without APA	169	171	34	29	57	86
Medicaid with APA	65	62	60	59	79	99
APA	43	29	31	24	36	62
SB	-	20	28	35	30	41

<b>Timely Ongoing Benefit Issuance</b>						
<b>Program</b>	<b>SFY18</b>	<b>SFY19</b>	<b>SFY20</b>	<b>SFY21</b>	<b>SFY22</b>	<b>SFY23 YTD</b>
SNAP	93.7%	93.0%	95.3%	93.5%	98.4%	87.0%
ATAP	91.8%	92.2%	92.4%	91.3%	94.7%	83.5%
Medicaid	93.8%	94.6%	95.5%	94.4%	96.9%	96.2%
APA	97.2%	97.7%	97.9%	97.1%	98.9%	98.6%

<b>Work Services Performance Measures</b>						
<b>Performance Measure</b>	<b>SFY18</b>	<b>SFY19</b>	<b>SFY20</b>	<b>SFY21</b>	<b>SFY22</b>	<b>SFY23 YTD</b>
Obtain employment within 90 days	32%	31%	27%	21%	23.0%	26%
Cases closed with earnings	44%	36%	37%	27%	25.0%	32%
Cases closed and not returned	85%	83%	83%	85%	95.0%	93%
All families work participation rate	42%	49%	43%	32%	29.0%	32%
Two-parent work participation rate	51%	62%	56%	42%	35.0%	40%
Job Development <sup>#</sup>	-	14%	14%	7%	4.0%	6%

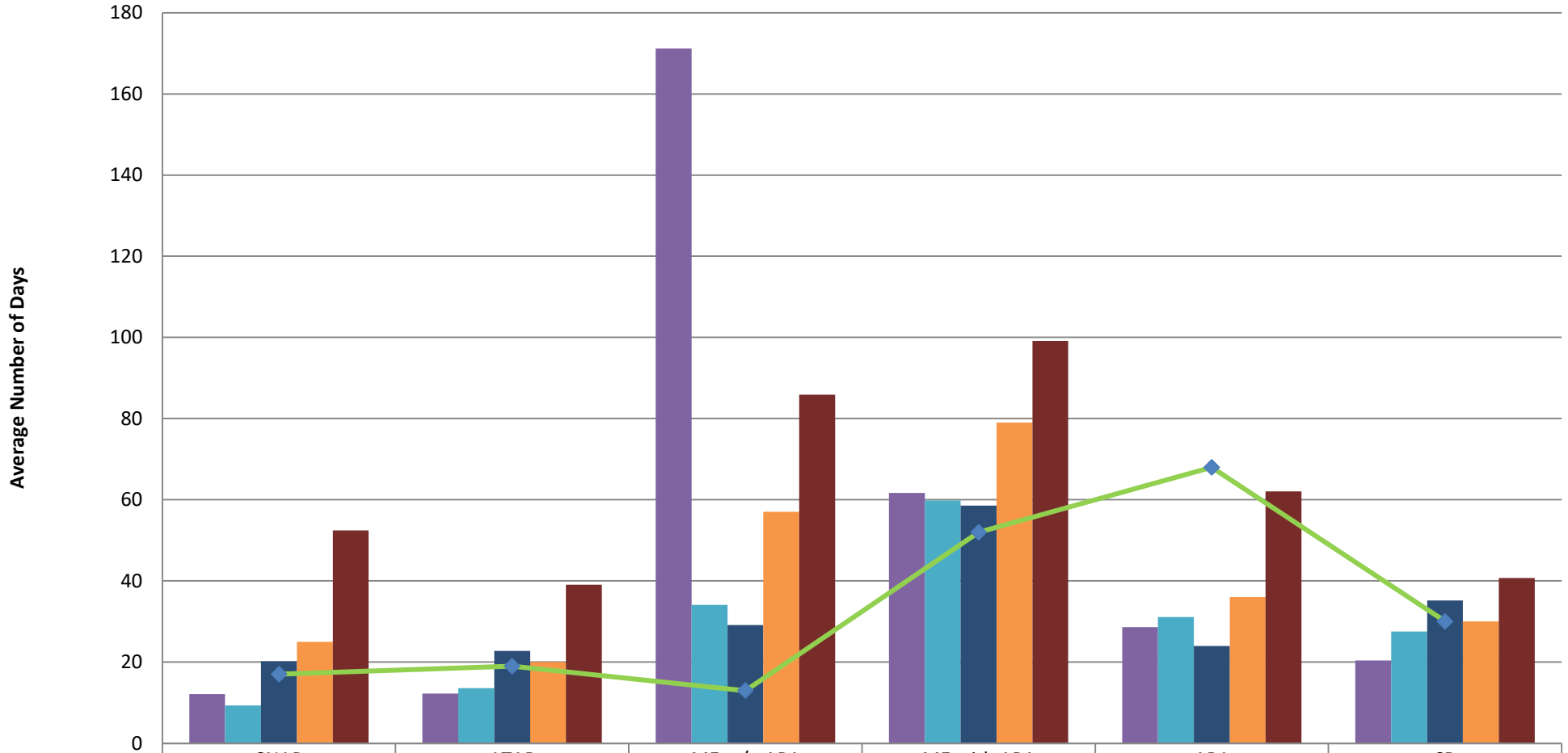
<sup>#</sup> This performance measure started in SFY19

### Timely Application Actions Performance by Program and Application Type



	SNAP Expedite	SNAP Initial	SNAP Recert	ATAP Initial	ATAP Review	ME Initial	ME Review	APA Initial	APA Review	GA Initial
SFY19	87.0%	91.5%	80.9%	90.6%	91.6%	48.6%	79.6%	81.4%	93.7%	95.1%
SFY20	92.9%	92.6%	92.0%	94.1%	94.9%	70.6%	88.5%	84.6%	97.5%	96.5%
SFY21	71.4%	61.5%	53.7%	67.7%	65.1%	53.3%	69.9%	64.0%	60.7%	77.4%
SFY22	82.6%	78.9%	68.0%	83.9%	81.3%	55.9%	62.0%	78.8%	81.9%	88.3%
SFY23 YTD	43.9%	35.8%	39.9%	41.9%	74.1%	36.9%	31.1%	37.1%	26.8%	61.2%
Target	95.5%	97.0%	99.7%	90.0%	98.0%	92.0%	92.0%	70.0%	96.0%	99.7%

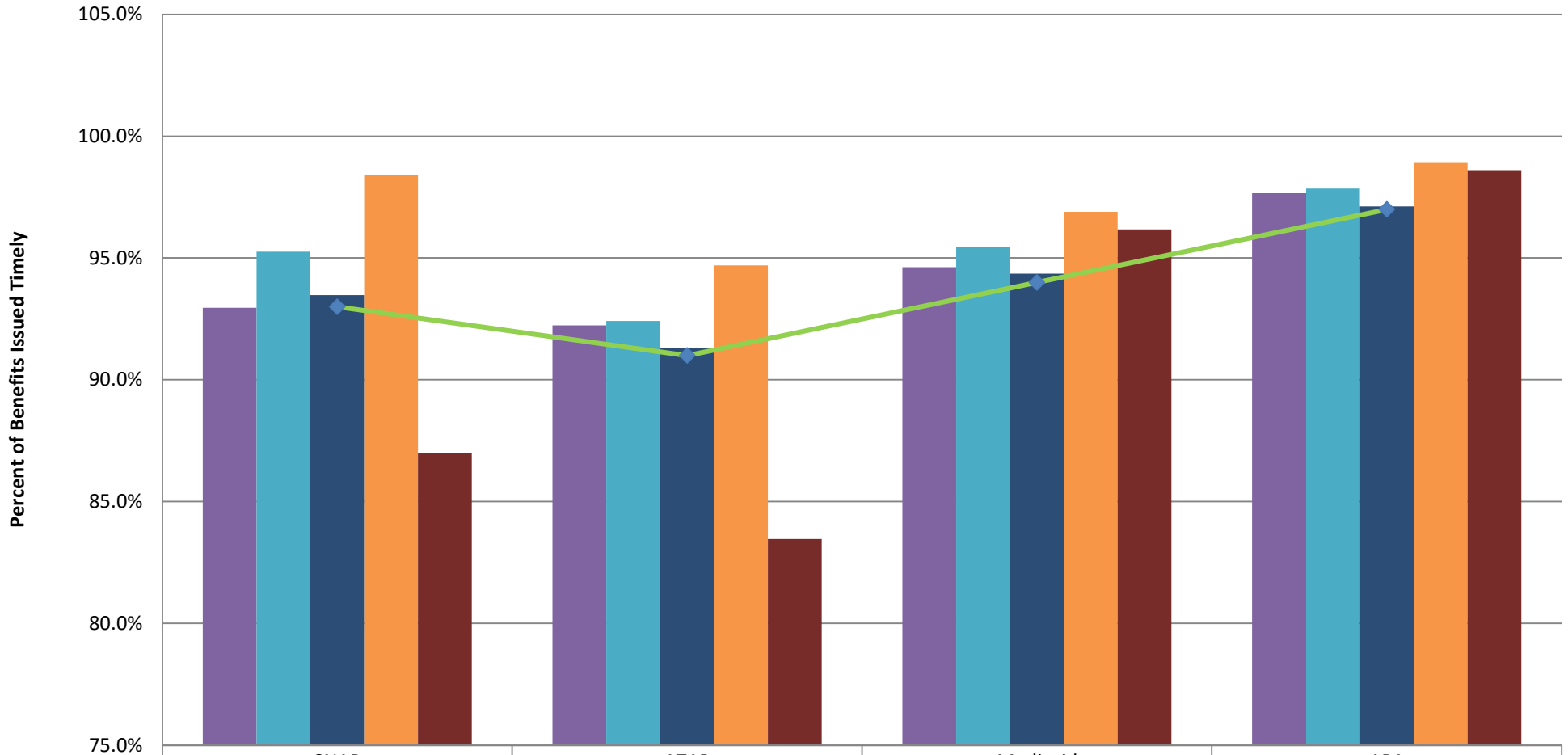
# Application Cycle Time Performance



	SNAP	ATAP	ME w/o APA	ME with APA	APA	SB
SFY19	12	12	171	62	29	20
SFY20	9	14	34	60	31	28
SFY21	20	23	29	59	24	35
SFY22	25	20	57	79	36	30
SFY23 YTD	52	39	86	99	62	41
Target	17	19	13	52	68	30

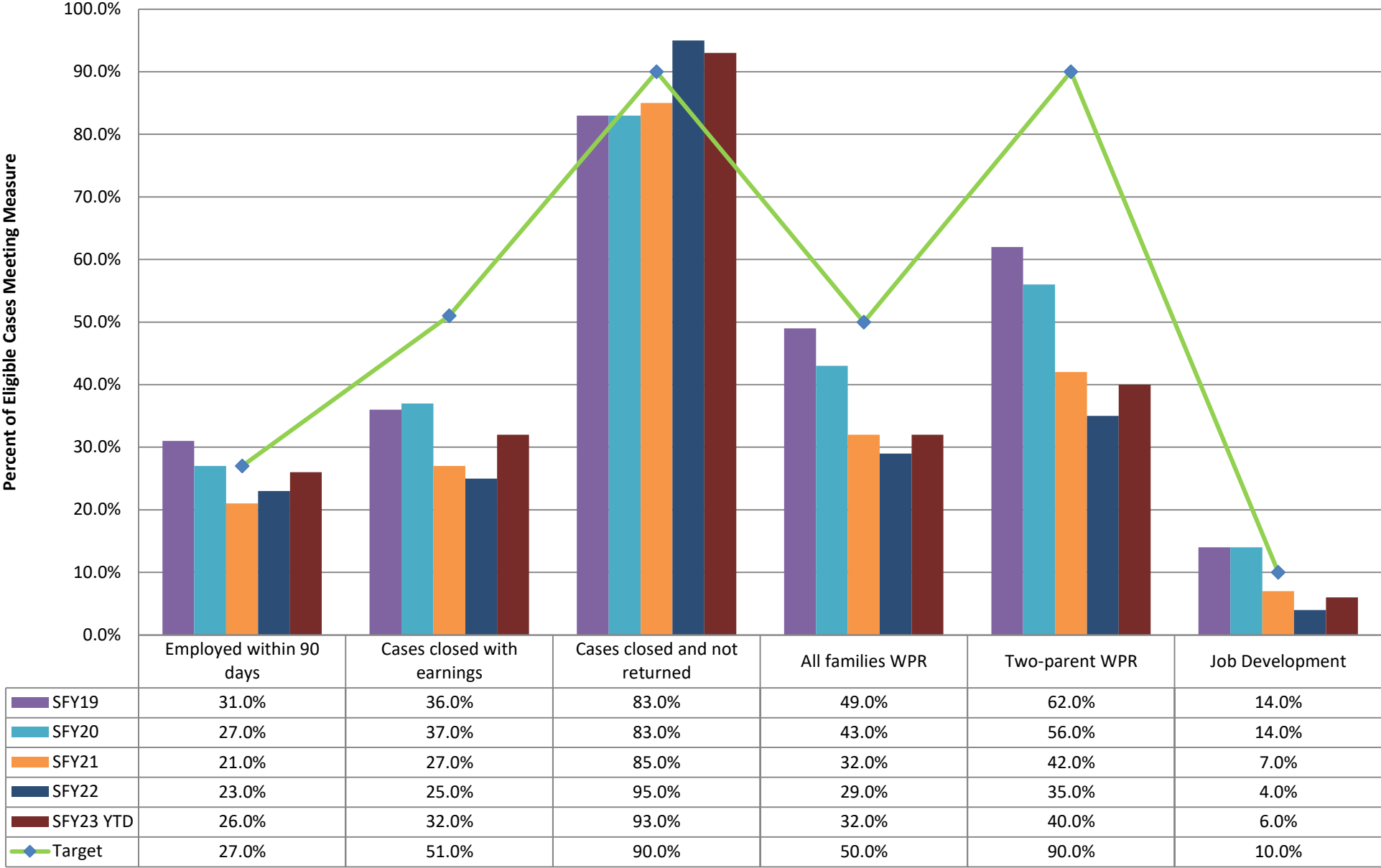


## Timely Benefit Issuance Performance by Program



	SNAP	ATAP	Medicaid	APA
SFY19	93.0%	92.2%	94.6%	97.7%
SFY20	95.3%	92.4%	95.5%	97.9%
SFY21	93.5%	91.3%	94.4%	97.1%
SFY22	98.4%	94.7%	96.9%	98.9%
SFY23 YTD	87.0%	83.5%	96.2%	98.6%
Target	93.0%	91.0%	94.0%	97.0%

# Work Services Performance Measure





Fee Agent Date Received/Signature

OPA Date Received

# Application for Services

What kind of help do you need? Check the programs or services you need.

<input type="checkbox"/> <b>Medicaid</b> Denali Care and Denali KidCare	<input type="checkbox"/> <b>Temporary Assistance</b> Monthly cash payment for eligible families with children.
<input type="checkbox"/> <b>Chronic &amp; Acute Medical Assistance</b> Limited medical coverage for persons with a specific illness that doesn't qualify for Medicaid	<input checked="" type="checkbox"/> <b>Adult Public Assistance</b> <input type="checkbox"/> blind or disabled <input type="checkbox"/> elderly assistance
<input type="checkbox"/> <b>Supplemental Nutrition Assistance Program (SNAP)</b> Monthly issuance to assist with food costs. Important: You may be eligible for SNAP within seven days – answer questions below.	<input type="checkbox"/> <b>General Relief Assistance</b> Emergency assistance for eligible individuals and families. <input type="checkbox"/> rent or utilities <input type="checkbox"/> burial expenses
<input type="checkbox"/> <b>Other Services</b> <input type="checkbox"/> Child Support <input type="checkbox"/> Child Care <input type="checkbox"/> Finding Work <input type="checkbox"/> Senior Benefits <input type="checkbox"/> Long Term Care	

## Who are you? (Please print and use legal names)

1. First name, Middle name, Last name, & Suffix <u>Natua D. Edwards</u>		2. Other Names (maiden, nicknames, etc.)	
3. Home address or directions to your house [REDACTED]		4. Apartment or suite number	
5. City <u>Anchorage</u>	6. State <u>Alaska</u>	7. ZIP code [REDACTED]	
8. Mailing address (if different from home address)		9. Apartment or suite number	
10. City	11. State	12. ZIP code	
13. Phone number [REDACTED]		14. Other phone number ( ) -	
15. Email address [REDACTED]		16. Other email address:	
17. Is English your primary language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If not, what is your primary language? _____			
If English is not your primary language, do you read and write in English with sufficient proficiency to understand and properly fill out this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, call 907.475.7778 and we will help you with this form and provide an interpreter at no cost to you.			

18. Answer these questions to see if you can get SNAP within seven days

- a. Do you have more than \$100 in cash or money in the bank?  Yes  No
- b. Is your household's monthly gross income (before deductions) less than \$150?  Yes  No
- c. Are your costs for rent/mortgage/utilities more than your monthly gross income, cash and money in the bank?  Yes  No

Sign here:

Date:

01-25-23

# STEP 2 People in your household

**Complete for each person in your household.**

Start with yourself and then add all other members of your household including people who reside in your household full time and part-time. For more than four people, make a copy of the blank pages and attach. Family members who don't need health coverage or public assistance don't need to provide immigration status or a Social Security number.

19. First name, Middle name, Last name, & Suffix: Natilia Devine Edwards 20. Relationship to you? Self

21. Social Security number: [REDACTED] 22. Date of Birth (mm/dd/yyyy): 05-27-1998 22a. Marital Status: SINGLE 23. Sex:  Male  Female F

24. Do you plan to file a federal income tax return NEXT YEAR? You can apply for health insurance even if you don't file a tax return.  Yes  No Skip to question C

a. Will you file jointly with a spouse?  Yes  No  
Name of spouse: \_\_\_\_\_

b. Will you claim any dependents on your tax return?  Yes  No  
List name(s) of dependents: \_\_\_\_\_

c. Will you be claimed as a dependent on someone's tax return?  Yes  No  
List the name of the tax filer: \_\_\_\_\_ Relation to tax filer? \_\_\_\_\_

25. Are you pregnant?  Yes  No How many babies expected this pregnancy? \_\_\_\_\_ Due date: \_\_\_\_\_

26. Do you need public assistance services for yourself? Even if you have insurance there might be a program with better coverage or lower cost.  Yes  No Skip questions 27-36

27. Do you have a physical, mental, or emotional health condition that causes limitations (like bathing, dressing, chores) or live in a medical facility or nursing home?  Yes  No

28. Are you a U.S. citizen or U.S. national?  Yes  No

29. If you aren't a U.S. citizen or national, do you have eligible immigration status?  Yes  No  
Fill in your document type and ID number below.

a. Immigration document type: \_\_\_\_\_ Document ID number: \_\_\_\_\_

b. Have you lived in the U.S. since August 22, 1996?  Yes  No

c. Are you, your spouse, or parent a veteran or active-duty member of the U.S. military?  Yes  No

30. Do you want help paying for medical bills from the last 3 months? Which months? \_\_\_\_\_  Yes  No  
*If you are a tribal member and have been seen at a tribal medical facility in the last three months, you may have medical expenses that could be covered by retroactive Medicaid.*

31. Do you have medical costs due to an accident?  Yes  No

32. Do you live with a child under age 19, for whom you are the primary caretaker?  Yes  No

33. Are you attending an institution of higher education (schooling beyond high school)?  Yes  No Full time or part time? \_\_\_\_\_

34. Were you in foster care at age 18 or older?  Yes  No

35. Hispanic/Latino, ethnicity (OPTIONAL—check all that apply.)  
 Mexican American  Chicano/a  Puerto Rican  Cuban  Other \_\_\_\_\_

36. Race (OPTIONAL—check all that apply.)  
 White  American Indian  Filipino  Vietnamese  Guamanian or Chamorro  
 Black or African American  Asian Indian  Japanese  Other Asian  Samoan  
 American  Chinese  Korean  Native Hawaiian  Other Pacific Islander  
 Alaska Native  Other \_\_\_\_\_

# STEP 3

## Income in your household

If you need more space, attach another sheet of paper providing all information asked below. Tell us about your income.

### JOB 1

91. Name (First name, Middle name, Last name)

Natalia D Edwards

a. Employer Name:

V/H

b. Employer Address:

c. Employer Phone Number:

d. Supervisor's Name:

e. Wages / tips (before taxes):

f. Average hours per WEEK

g. How often are you paid:

Weekly  Every 2 Weeks  Twice Monthly  Monthly  Yearly  Other

### JOB 2

92. Name (First name, Middle name, Last name)

a. Employer Name:

b. Employer Address:

c. Employer Phone Number:

d. Supervisor's Name:

e. Wages / tips (before taxes):

f. Average hours per WEEK

g. How often are you paid:

Weekly  Every 2 Weeks  Twice Monthly  Monthly  Yearly  Other

### JOB 3

93. Name (First name, Middle name, Last name)

a. Employer Name:

b. Employer Address:

c. Employer Phone Number:

d. Supervisor's Name:

e. Wages / tips (before taxes):

f. Average hours per WEEK

g. How often are you paid:

Weekly  Every 2 Weeks  Twice Monthly  Monthly  Yearly  Other

### JOB 4

94. Name (First name, Middle name, Last name)

a. Employer Name:

b. Employer Address:

c. Employer Phone Number:

d. Supervisor's Name:

e. Wages / tips (before taxes):

f. Average hours per WEEK

g. How often are you paid:

Weekly  Every 2 Weeks  Twice Monthly  Monthly  Yearly  Other

**Please answer the following questions about income.**

95. For self-employed household members, please answer the following questions. If you have more jobs and need more space, attach another sheet of paper).

a. Include money from all self-employment jobs received this month or that will be received next month. Please check all boxes that apply.

<input type="checkbox"/> B&B/Rent Rooms	<input type="checkbox"/> Crafts/Carving	<input type="checkbox"/> Odd Jobs	<input type="checkbox"/> ...
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Commercial Fishing	<input type="checkbox"/> Repair Person	<input type="checkbox"/> ...
<input type="checkbox"/> Child Care/Babysitting	<input type="checkbox"/> Manage Rental Property	<input type="checkbox"/> Sales Person	<input type="checkbox"/> Other

For all the items checked on part a, please fill in the boxes below.

Household Member Who is Self-Employed	Type of Business	Seasonal, Year-round	Business Income This Month	Business Income Next Month	Business Expenses This Month	Business Expenses Next Month
Example: Joe Smith	Fishing	Seasonal	\$900	\$900	\$100	\$0

96. In the past 2 months, did anyone in the household:  Change jobs  Stop working  Start working fewer hours  None of these  
 Name (s): Natua Edwards

97. OTHER INCOME: Check all that apply, and give person name, amount received, and how often it is received.

NOTE: For Health Insurance only applications, you don't need to tell us about child support, Veteran's payment or Supplemental Security Income (SSI).

<input type="checkbox"/> Alimony	<input type="checkbox"/> Net Rental/Royalty	<input type="checkbox"/> Net Fishing/Farming
<input type="checkbox"/> Child Support	<input type="checkbox"/> Pension/Retirement Benefits	<input checked="" type="checkbox"/> Social Security Benefits
<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Virtual currency/Cryptocurrency	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Other _____

For all the items checked above, please fill in the boxes below.

Who Receives the Payment?	Type of Payment	Amount This Month	Amount Expected Next Month	How Often?
Example: Joe Smith	Unemployment	\$400	\$400	Every 2 weeks
<u>Natua Edwards</u>	<u>Social Security Disability</u>	<u>0</u>	<u>\$912</u>	<u>Monthly</u>

98. DEDUCTIONS: Check all that apply, and give person name, amount received, and how often it is received.

If a household member pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health insurance a little lower.

NOTE: You shouldn't include a cost that you already considered in your answers to net self-employment (question 29).

<input type="checkbox"/> Alimony	Name(s) _____	\$ _____	How often? _____
<input type="checkbox"/> Student loan interest	Name(s) _____	\$ _____	How often? _____
<input type="checkbox"/> Other deductions	Name(s) _____	\$ _____	How often? _____



# STEP 7 Assets, Expenses, Resources, and Other

If you need more space, attach another sheet of paper providing all information asked below.

104. Does any person applying for health insurance or other public assistance services own any property such as a house and apartment, mobile home, duplex, condo, camper or cabin?

If yes, complete the information below. Include any property that is paid for, you are still paying for, or that is owned with someone else.

Who Owns the Property?	Type of Property Owned	Estimated Value	Amount Still Owed
Example: Joe Smith	Condo	\$75,000	\$10,000

105. Do you, or anyone who lives with you, own any vehicles such as a car, truck, motorcycle, boat, snowmobile, personal watercraft, aircraft, recreational vehicle (RV) or all-terrain vehicle (ATV)?  Yes  No

Please complete the information below. Include any vehicles that are paid for, you are paying for, or are owned with someone else. Also include vehicles that are not running or that you are not using.

Who Owns the Vehicle?	Vehicle Type, Model and Year	What is Vehicle Used for?	Estimated Value	Amount Still Owed
Example: Joe Smith	1987 Ford Escort	Work	\$800	\$100

106. Do you, or anyone who lives with you, have any of the items below?  Yes  No

Check the boxes that apply. Include items owned with someone else and accounts with no money in them right now.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Annuities                   | <input type="checkbox"/> College Savings Plan      | <input type="checkbox"/> Trust or ABLE Account     | <input checked="" type="checkbox"/> Savings Account      |
| <input type="checkbox"/> Burial Policy Agreement     | <input type="checkbox"/> Credit Union Accounts     | <input type="checkbox"/> Native Corporation Shares | <input type="checkbox"/> Stocks/Bonds                    |
| <input type="checkbox"/> Cash on Hand                | <input type="checkbox"/> Commercial Fishing Permit | <input type="checkbox"/> Pension Plan              | <input type="checkbox"/> Virtual Currency/Cryptocurrency |
| <input type="checkbox"/> Certificate of Deposit      | <input type="checkbox"/> IRA Account               | <input type="checkbox"/> Retirement Funds          | <input type="checkbox"/> Other                           |
| <input checked="" type="checkbox"/> Checking Account | <input type="checkbox"/> Life Insurance Policy     | <input type="checkbox"/> Safe Deposit Box          |  |

107. For all items checked above, please fill in the boxes below:

Who Owns the Item?	Type of Item	Where Held?	Account Number	Total Value/Balance
Example: Jane Smith	Checking Account	Frontier Bank	452231	\$300
Nathia Edwards	checking acct	Alaska USA	[REDACTED]	210
Nathia Edwards	savings acct	Alaska USA	[REDACTED]	730

108. Have you, or anyone in your household, sold, given away, or transferred any property, vehicles or other resources in the past five years?  Yes, please complete the information below  No

Who Owned It?	Vehicle, Property, or Resource	Sold, Gave Away or Transferred?	When?	Estimated Value
Example: Joe Smith	Truck	Gave Away	May 2005	\$4,000

**Expenses**

109. What are your shelter expenses? Check the boxes that apply and fill in the amount that you are required to pay.

Do not enter amounts paid by housing assistance such as HUD, ASHA, AHFC or Section 8.

Rent \$ 50 per month  Mobile Home Lot or Space Rent \$ \_\_\_\_\_ per month  
 Mortgage \$ \_\_\_\_\_ per month

110. What shelter expenses are billed separately from your rent or mortgage?

Home/Renters Insurance \$ \_\_\_\_\_ per \_\_\_\_\_  Property Taxes \$ \_\_\_\_\_ per \_\_\_\_\_  
 Condo/Association Fees \$ \_\_\_\_\_ per \_\_\_\_\_  Other (such as deposits) \$ \_\_\_\_\_ per \_\_\_\_\_

111. Check the boxes next to the utility bills your household is responsible for paying monthly.

Heat (such as gas, electric, propane, wood, etc.) \$ \_\_\_\_\_  Sewer \$ \_\_\_\_\_  Telephone \$ 65  
 Water \$ \_\_\_\_\_  Electricity \$ \_\_\_\_\_  Garbage \$ \_\_\_\_\_  Other \$ \_\_\_\_\_

112. Does your household receive LIHEAP or does your household expect to receive LIHEAP?  Yes  No

113. Does any person work for or get help with food, shelter, utilities, or other expenses that are not paid in cash?  Yes  No

Please explain: \_\_\_\_\_

114. Does a person or agency help pay all or part of your shelter costs (like housing or heating assistance)?  Yes  No

Who pays? AHFC What expense? Rent Amount paid? \$950

115. Does anyone in your household have child care, elderly or disabled adult care expenses?  Yes  No

Who is responsible for paying? \_\_\_\_\_ Who is it for? \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

116. Does anyone in your household pay child support?  Yes  No

Who pays? \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

117. Does anyone in your household who is disabled or age 60 or older, have medical expenses?  Yes  No

Who has the expense? \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**Failure to report or verify any of the above listed expenses will be seen as a statement by your household that you do not want to receive a deduction for the unreported expense.**

118. Has anyone in your household received public assistance (Temporary Assistance, cash, SNAP, Medicaid, Food Distribution Program on Indian Reservations FDIPIR) in Alaska or any other state?  Yes  No

If yes, who, when and where? SNAP, TANF, del 2022, Alaska -

waiting on employment verification to continue

**Felony Convictions**

119. Have you or any member of your household been convicted of making a false statement about where they live in order to receive assistance from two or more states at the same time?  Yes  No

120. Have you or any member of your household been convicted of possession, use, or distribution of a controlled substance after August 22, 1996?  Yes  No

120a. Are they satisfactorily serving or successfully completed a period of probation or parole?  Yes  No

120b. Are they in the process of serving or successfully completed mandatory participation in a drug or alcohol treatment program?  Yes  No

120c. Have they taken action towards rehabilitation, including participation in a drug or alcohol treatment program?  Yes  No

120d. Are they successfully complying with the requirements of their re-entry plan?  Yes  No

121. Are you or any member of your household fleeing from prosecution, custody, or confinement for a felony or class A misdemeanor from any State, or currently violating conditions of parole or probation?  Yes  No

122. Have you or any member of your household been convicted of trading SNAP benefits for drugs after September 22, 1996?  Yes  No

123. Have you or any member of your household been convicted of buying or selling SNAP benefits over \$500 after September 22, 1996?  Yes  No

124. Have you or any member of your household been convicted of fraudulently receiving duplicate SNAP benefits in any State after September 22, 1996?  Yes  No

125. Have you or any member of your household been convicted of trading SNAP benefits for guns, ammunitions, or explosives after September 22, 1996?  Yes  No

126. Have you or any member of your household been convicted of aggravated sexual abuse, murder, sexual exploitation and abuse of children, or sexual assault after February 7, 2014?  Yes  No

127a. Are they serving or have they successfully completed a period of probation or parole?  Yes  No

127b. Are they successfully complying with the requirements of their re-entry plan?  Yes  No



## STEP 8 Release of Information

Your signature gives the Federally Facilitated Marketplace, the Department of Health, its agents, and the Department of Law permission to ask for information about your health, finances, family and personal history. This information may be used to determine your eligibility for public assistance programs and, if a fraud investigation is launched, in administrative or criminal investigations of your eligibility for benefits. Your information will not be released for any other reason or to any other person or agency outside of the Federally Facilitated Marketplace, Department of Health or its representatives except as required by law. The Release of Information will be in effect while you are an applicant or recipient of public assistance and for any later investigations of your eligibility and receipt of benefits.

We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof. We may also contact other people or organizations including, but not limited to, the Alaska Housing Finance Corporation, the Department of Fish and Game, the Department of Labor, the Department of Law, the Department of Military and Veterans Affairs, the Department of Public Safety, the Department of Revenue, U.S. Citizenship and Immigration Services, employers, financial institutions, landlords, local governments, Native corporations, private individuals, public assistance program contractors and grantees, school authorities, the Social Security Administration, stock brokerage firms, and tax assessors. We need this information to check your eligibility for public assistance services and to check your eligibility for help paying for health coverage if you choose to apply. Additionally, information obtained from this release may be used by the Department of Health in administrative proceedings against you, and/or by the Department of Law in criminal proceedings against you.

### For persons who will receive health care authorized by the Federally Facilitated Marketplace:

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns. The Marketplace will send me a notice, let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next:  5 years (max allowed)  4 years  3 years  2 years  1 year  
 Don't use tax return information to renew my coverage.

If anyone on this application is eligible for Medicaid:

- I am giving the State Medicaid agency the rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.
- I know that I must tell the Health Insurance Marketplace and/or the Public Assistance office by phone, in person or in writing if anything changes and if anything is different than what I wrote on this application I understand that a change in my information could affect the eligibility for the member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [www.hhs.gov/ocr/office/file](http://www.hhs.gov/ocr/office/file).
- If yes, I know I will be asked to cooperate with the agency that collects medical and temporary assistance support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the Division of Public Assistance and I may not have to cooperate. **Please see Appendix D.**

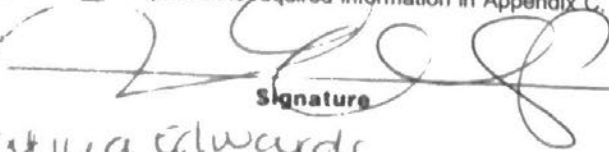
Does any child on this application have a parent living outside of the home? Yes  No   
 I agree to cooperate with child support requirements. Yes  No

I confirm that no one applying for health insurance on this application is incarcerated (detained or jailed).

If this is incorrect, who is incarcerated? \_\_\_\_\_

The person who filled out page 7 (the applicant) should sign this application. If you're an authorized representative, you may sign here as long as the applicant has completed the required information in Appendix C.

Sign this application:

  
Signature

January 25, 2023

Date (month/day/year)

Printed name: Nathaniel Edwards

Sign this application:

Signature

Date (month/day/year)

Printed name:

# STEP 9

## Acknowledgement of Understanding and Statement of Truth

Read and initial next to each statement below confirming that you understand and agree:

- I understand that I must be a current Alaska resident to qualify for Public Assistance benefits administered by the Alaska Division of Public Assistance. I further understand that, if my residency status changes, I must report the change to the Alaska Division of Public Assistance within 10 days. I further understand that if I leave the state for 30 or more days, I must notify the Alaska Division of Public Assistance of my absence, regardless of whether I consider myself an Alaska resident/intend to return to Alaska, or not. JE  
Initial here
- I understand that eligibility for Public Assistance is determined in part by how much income my household has at its disposal. To that end, I understand that this application requires that I disclose all income received by myself and members of my household, including but not limited to income from the following sources: Employment (including Self Employment), Alimony, Child Support, Unemployment, Net Rental/Royalty, Pension/Retirement, Supplemental Security Income, Veteran's Benefits, and Social Security Benefits. JE  
Initial here
- I understand that eligibility for Public Assistance is determined in part by how many assets my household has at its disposal. To that end, I understand that this application requires that I disclose all assets possessed by myself and members of my household, including but not limited to the following types of assets: Property (regardless of whether the Property is paid for, still being paid for, or is jointly owned with someone else), all Bank Accounts (including checking and savings accounts), Cash on Hand, Certificates of Deposit, College Savings Plans, Life Insurance Policies, Pension Plans, Retirement Funds, Stocks Bonds and Annuities, Native Corporation Shares, Trust Funds, Safety Deposit Box contents, Mineral Rights, IRA Accounts, Commercial Fishing Permits, and Burial Policy Agreements. JE  
Initial here

Under penalty of perjury, I certify that all information contained in this application, including U.S. citizenship or lawful immigrant status of all persons applying for benefits, is true and correct to the best of my knowledge.

I have read or heard read to me the "Rights and Responsibilities" section of the application and I understand my rights and responsibilities, including fraud penalties, as described in this application.

Adult Applicant: Natua Edwards JE January 25, 2023  
 Signature Date (month/day/year)

Other Adult Applicant: \_\_\_\_\_  
 Signature Date (month/day/year)

Witness, if signed with an "X": \_\_\_\_\_  
 Signature Date (month/day/year)

Authorized Representative, if applicable: \_\_\_\_\_  
 Signature Date (month/day/year)

### SNAP Subsistence Hunting and/or Fishing

OPTIONAL

Does your household live in a rural community in which access to retail stores is difficult and you intend to rely on subsistence hunting and/or fishing for substantial portion of your food? If so, you may be able to use SNAP benefits to buy subsistence hunting and fishing items such as nets, lines, hooks, fishing rods, and knives.

Do you want to use SNAP to buy subsistence hunting and fishing items?  Yes  No

I agree not to use the items purchased for commercial purposes.  Yes  No

Adult Applicant: \_\_\_\_\_  
 Signature Date (month/day/year)

## STEP 10 Contact People and Organizations

### Why do you need to complete this form?

To determine your eligibility for assistance, we may need to contact people or organizations that can answer questions about your situation. By completing this form, you are allowing us to contact the people and organizations you provide.

### What questions do we ask?

We often ask questions about where you live, who lives with you, and your household's income and resources. We may also ask for information about a child's parent not living in the home.

### What information do we provide them?

When we contact these people or organizations, we tell them our name and title. We also tell them that we work for the Division of Public Assistance. We do not give them any information about you or your public assistance services.

#### Information about two people who know you well:

Name and Relation to You	Mailing Address	Daytime Phone
Anthony Hernandez / dad	[REDACTED]	[REDACTED]
Amanda Melville / mom	[REDACTED]	[REDACTED]

#### Information about your landlord:

Name	Mailing Address	Daytime Phone
Amanda Melville	[REDACTED]	[REDACTED]



Northern Justice Project, LLC  
 A Private Civil Rights Firm  
 406 G Street, Suite 207  
 Anchorage, AK 99501  
 Phone: (907) 308-3395; Fax: (866) 813-8645

James J. Davis, Jr., AK Bar No. 9412140  
 Goriune Dudukgian, AK Bar No. 0506051  
 Nicholas Feronti, AK Bar No. 2106069  
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 Email: gdudukgian@njp-law.com  
 Email: nferonti@njp-law.com

Attorneys for Plaintiffs

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
 THIRD JUDICIAL DISTRICT AT ANCHORAGE

NATILIA EDWARDS, on behalf of )  
 herself and all those similarly )  
 situated, )  
 )  
 Plaintiffs, )  
 )  
 vs. )  
 )  
 STATE OF ALASKA, DEPARTMENT )  
 OF HEALTH, Heidi Hedberg, in her )  
 official capacity as Commissioner of )  
 the Department, DIVISION OF )  
 PUBLIC ASSISTANCE, and Deb )  
 Etheridge, in her official capacity )  
 as Director of the Division, )  
 )  
 Defendants. )

Case No. 3AN-23-\_\_\_\_\_CI

**PLAINTIFFS' NOTICE OF FILING UNSIGNED AFFIDAVIT**

The plaintiffs file herewith an unsigned affidavit of Natilia Edwards. The undersigned certifies that Ms. Edwards reviewed the affidavit and agrees with its contents. The signed, notarized affidavit will be filed with the Court upon receipt.

DATED this 17<sup>th</sup> day of April, 2023

NORTHERN JUSTICE PROJECT, LLC  
Attorneys for Plaintiffs

By: /s/ Goriune Dudukgian  
James J. Davis, Jr., AK Bar No. 9412140  
Goriune Dudukgian, AK Bar No. 0506051  
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Email: nferonti@njp-law.com

Attorneys for Plaintiffs

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

THIRD JUDICIAL DISTRICT AT ANCHORAGE

NATILIA EDWARDS, on behalf of )  
herself and all those similarly )  
situated, )

Plaintiffs, )

vs. )

STATE OF ALASKA, DEPARTMENT )  
OF HEALTH, Heidi Hedberg, in her )  
official capacity as Commissioner of )  
the Department, DIVISION OF )  
PUBLIC ASSISTANCE, and Deb )  
Etheridge, in her official capacity )  
as Director of the Division, )

Defendants. )

Case No. 3AN-23-\_\_\_\_\_CI

**AFFIDAVIT OF NATILIA EDWARDS IN SUPPORT  
OF PLAINTIFF'S MOTION FOR CLASS CERTIFICATION**

I, Natilia Edwards, being first duly sworn, state as follows:

1. I am a plaintiff in this matter and have personal knowledge of the

AFFIDAVIT OF NATILIA EDWARDS IN SUPPORT OF  
PLAINTIFF'S MOTION FOR CLASS CERTIFICATION

*Natilia Edwards, et al. v. State of Alaska, et al.*

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contents of this affidavit.

2. My name is Natilia Edwards.
3. I am 24 years old.
4. I reside in Anchorage, Alaska.
5. I completed an application for Adult Public Assistance benefits, and submitted that application to the State of Alaska on February 3, 2023.
6. As of April 14, 2023, I have not received a determination about my application for Adult Public Assistance benefits.

DATED this \_\_\_\_ day of April, 2023

By: \_\_\_\_\_  
Natilia Edwards

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of April, 2023 at  
Anchorage, Alaska.

\_\_\_\_\_  
Notary Public, State of Alaska  
My Commission Expires: \_\_\_\_\_



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James J. Davis, Jr., AK Bar No. 9412140  
Goriune Dudukgian, AK Bar No. 0506051  
Nicholas Feronti, AK Bar No. 2106069  
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Attorneys for Plaintiffs

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

THIRD JUDICIAL DISTRICT AT ANCHORAGE

NATILIA EDWARDS, on behalf of )  
herself and all those similarly )  
situated, )  
 )  
Plaintiffs, )  
 )  
vs. )  
 )  
STATE OF ALASKA, DEPARTMENT )  
OF HEALTH, Heidi Hedberg, in her )  
official capacity as Commissioner of )  
the Department, DIVISION OF )  
PUBLIC ASSISTANCE, and Deb )  
Etheridge, in her official capacity )  
as Director of the Division, )  
 )  
Defendants. )

Case No. 3AN-23-\_\_\_\_\_CI

**DECLARATION OF GORIUNE DUDUKGIAN IN SUPPORT OF  
PLAINTIFFS' MOTION FOR CLASS CERTIFICATION**

I, Goriune Dudukgian, declare under penalty of perjury:

1. I am one of the founding partners of the Northern Justice Project,

DECLARATION OF GORIUNE DUDUKGIAN IN SUPPORT OF  
PLAINTIFF'S MOTION FOR CLASS CERTIFICATION

*Natilia Edwards, et al. v. State of Alaska, et al.*

LLC (NJP), counsel for plaintiff Natilia Edwards in the above-entitled action.

2. Since NJP was founded in 2005, its primary mission has been representing low-income Alaskans in complex civil rights and consumer class action lawsuits. NJP has successfully represented thousands of Alaskans in more than a dozen certified class actions. NJP has an impeccable track record in these cases. In all of these certified class actions – which were litigated against the biggest and best law firms in Alaska, including the Attorney General’s Office – NJP obtained either a final judgment in favor of the class or a court-approved settlement agreement on terms very favorable to the class members. These cases include: *Denise Okuley, et al. v. State of Alaska, et al.*, Case No. 3AN-05-10788 CI (certified class action concerning the Interim Assistance benefits of more than 300 disabled Alaskans; final judgment entered in favor of the class in the amount of \$1,081,585); *Dorothy Krone, et al. v. State of Alaska, et al.*, Case No. 3AN-05-10283 CI (certified class action concerning the Medicaid benefits of approximately 2,450 elderly and disabled Alaskans; final judgment entered granting class members injunctive relief valued by the State at approximately \$8.9 million for fiscal years 2006-2007); *Annette Moore, et al. v. Weidner Investment Services Inc.*, Case No. 3AN-06-09690 CI (certified class action on behalf of more than 1,600 tenants challenging the late fee charged by Alaska’s largest private landlord; settlement agreement approved by court which resulted in the creation of a settlement fund in excess of \$500,000); *Karl Carl, Jr., et al. v. Wynn’s Extended Care, Inc.*, Case No. 3AN-07-6398 CI (certified class action on behalf of approximately 1,800

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Alaskan consumers against one of the nation's largest auto warranty distributors; settlement agreement approved by court in January 2009 in which defendant stipulated to an injunction prohibiting it from enforcing its arbitration clause against Alaskan consumers); *Heitz v. State*, 215 P.3d 302 (Alaska 2009) (holding that class of approximately 750 licensed foster parents have a due process protected property interest in their foster care subsidies); *Baker v. State*, 191 P.3d 1005 (Alaska 2008) (holding that class of approximately 1,000 Medicaid recipients were denied due process by the State of Alaska when the State attempted to reduce their personal care assistance benefits without proper notice); *Jennifer Heesch, et al. v. Cornerstone Credit Services, LLC, et al.*, Case No. 3AN-10-7825 CI (certified class action on behalf of approximately 2,100 individuals challenging the debt collection practices of one of Alaska's largest debt collectors; settlement agreement approved by court which resulted in the creation of a settlement fund of \$900,000); *Michael Avery, et al. v. Weidner Investment Services, Inc.*, Case No. 3AN-09-9947 CI (certified class action on behalf of more than 7,000 tenants challenging the security deposit refunding practices of Alaska's largest private landlord; negotiated settlement agreement approved by court which resulted in the creation of a settlement fund exceeding \$450,000); *Laura Mulgrew, et al. v. State of Alaska, et al.*, Case No. 3AN-10-6273 CI (certified class action on behalf of more than 1,300 licensed foster parents and adoptive parents; negotiated settlement agreement approved by court which, among other things, resulted in the creation of a settlement fund of \$1,155,196.65); *Alaska General Credit Co. v. Kerry Leander*

DECLARATION OF GORIUNE DUDUKGIAN IN SUPPORT OF  
PLAINTIFF'S MOTION FOR CLASS CERTIFICATION

*Natilia Edwards, et al. v. State of Alaska, et al.*

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*Jones*, Case No. 3AN-06-11662 CI (certified class action on behalf of more than 150 consumers whose vehicles were repossessed by Alaska General Credit Co.; negotiated settlement agreement, approved by court, which resulted in the creation of a settlement fund of \$540,000); *Michael Mooradian, et al. v. Bishop, Marshall & Weibel, P.S., Krista L. White & Associates, P.S., and Krista L. White*, Case No. 3AN-15-05111 CI (certified class action on behalf of more than 350 class members; negotiated settlement agreement, approved by court, which resulted in monetary recovery in excess of \$450,000 and injunctive relief requiring defendant debt collectors to permanently modify their collection practices).

3. NJP has also obtained favorable, class-wide settlements in several putative class action lawsuits before a class was ever certified. These cases include: *Carey McAlpine v. Alaska Housing Finance Corporation*, Case No. 3AN-06-13039 CI (settlement agreement approved in April 2009 wherein AHFC agreed to revise its form notices and hearing procedures for participants of the Section 8 Housing Choice Voucher Program so as to comply with requirements of due process); *Yelka Sanchez v. Galen Hospital Alaska, Inc.*, Case No. 3AN-06-10676 CI (settlement agreement approved in January 2008 resulting in refunds issued to more than 300 uninsured patients of Alaska Regional Hospital); *Karl Carl, Jr., et al. v. Vito's Auto Sales*, Case No. 3AN-08-8642 CI (settlement agreement approved in October 2009 resulting in the creation of a settlement fund of \$90,000 for 282 class members); *Myers v. Sebelius*, Case No. 3-09-CV-1 75-TMB (class action against federal and state governments which successfully led to the lifting of the federal

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government imposed “moratorium” on Medicaid Waiver applications in Alaska); *Kiana Putnam v. Anchorage School District*, Case No. 3AN-15-07003 CI (settlement agreement reached in November 2015 whereby the Anchorage School District revised its suspension notices so that parents are now provided with an explanation of the factual reasons for a student’s suspension); *Komet Being, et al. v. Adam Crum, et al.*, Case No. 3:19-cv-00060-HRH (stipulated settlement reached in putative class action against State of Alaska challenging regulation that denies medically necessary treatment for gender dysphoria to Alaska Medicaid recipients); *Jennifer Spencer, et al. v. Adam Crum, et al.*, Case No. 3:19-cv-00087-SLG (settlement of putative class action challenging State of Alaska’s systemic and long-standing failure to provide Medicaid coverage to eligible applicants with reasonable promptness).

4. NJP is devoted to committing the resources necessary to litigate this case to a similarly favorable resolution. NJP has the experience and ability to zealously and competently pursue this litigation on a classwide basis. NJP’s interests are aligned with the interests of the entire class and are in no way antagonistic to individual class members.

5. I declare under penalty of perjury under the laws of the United States of America and the State of Alaska that the foregoing is true and correct to the best of my knowledge.

///

///

EXECUTED this 17<sup>th</sup> day of April, 2023.

NORTHERN JUSTICE PROJECT, LLC  
Attorneys for Plaintiffs

By: /s/ Goriune Dudukgian  
Goriune Dudukgian, AK Bar No. 0506051

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IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
THIRD JUDICIAL DISTRICT AT ANCHORAGE

Natilia Edwards, on behalf of herself )  
and all those similarly situated, )

Plaintiffs, )

vs. )

STATE OF ALASKA, DEPARTMENT )  
OF HEALTH, Heidi Hedberg, in her )  
official capacity as Commissioner of )  
the Department, DIVISION OF )  
PUBLIC ASSISTANCE and Deb )  
Etheridge, in her official capacity )  
as Director of the Division, )

Defendants. )

Case No. 3AN-23-\_\_\_\_\_ CI

**ORDER GRANTING PLAINTIFFS'  
MOTION FOR CLASS CERTIFICATION**

This Court, having considered the Plaintiffs' Motion for Class Certification;  
and any opposition thereto; **HEREBY GRANTS** this motion and finds as follows:

1. This action is certified as a class action.
2. The class shall be defined as: "All individuals who applied for APA benefits in the past two years and did not receive an eligibility determination from the State within 30 days, and all future applicants for APA benefits."
3. This class meets the threshold certification requirements imposed by Alaska Civil Rule 23(a).

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4. This class also meets the requirements imposed by Alaska Civil Rule 23(b).
5. Natalie Edwards shall serve as class representative.
6. The Northern Justice Project, LLC is appointed as class counsel to represent the interests of the class.

DATED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_  
SUPERIOR COURT JUDGE